

State of Indiana  
2007 Local Units of Government Rates

Plan	Coverage	Monthly Rate	COBRA Monthly Rate
High Deductible Health Plan 1 (HDHP)	Single	\$576.69	\$588.22
	Family	\$1,615.47	\$1,647.78
High Deductible Health Plan 2 (HDH)	Single	\$622.31	\$634.76
	Family	\$1,743.25	\$1,778.12
Anthem Traditional II	Single	\$691.45	\$705.28
	Family	\$1,936.94	\$1,975.68
M-Plan II	Single	\$1,322.53	\$1,348.98
	Family	\$3,336.34	\$3,403.07
Welborn HMO	Single	\$427.80	\$436.36
	Family	\$1,177.73	\$1,201.28
Tri-Care Companion	Single	\$91.45	\$93.28
	Family	\$242.34	\$247.19
Delta Dental Plan 1	Single	\$17.27	\$17.62
	Family	\$47.54	\$48.49
Delta Dental Plan 2	Single	\$15.03	\$15.33
	Family	\$43.17	\$44.03
DeltaCare DMO	Single	\$18.08	\$18.44
	Family	\$58.86	\$60.04
EyeMed Vision	Single	\$3.81	\$3.89
	Family	\$9.66	\$9.85
Medicare Complementary with Rx	Individual	\$960.47	
Medicare Complementary without Rx	Individual	\$231.92	